

CONTAINS NO CBI



Form Approved
OMB No. 2010-0019
Approval Expires 12-31-89



000611069N

90-890000497

913 PM EST CONTROL
OFFICE
41-5 NW 11 70 68

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
Comprehensive Assessment Information Rule
REPORTING FORM

When completed, send this form to:

Document Processing Center
Office of Toxic Substances, TS-790
U.S. Environmental Protection Agency
401 M Street, SW
Washington, DC 20460
Attention: CAIR Reporting Office

For Agency Use Only:

Date of Receipt: _____

Document
Control Number: _____

Docket Number: _____

SECTION 1 GENERAL MANUFACTURER, IMPORTER, AND PROCESSOR INFORMATION

PART A GENERAL REPORTING INFORMATION

1.01 This Comprehensive Assessment Information Rule (CAIR) Reporting Form has been completed in response to the Federal Register Notice of..... [1][2] [2][2] [8][8]
CBI mo. day year

☐ a. If a Chemical Abstracts Service Number (CAS No.) is provided in the Federal Register, list the CAS No. [0][2][6][4][7][1]-[6][2]-[5]

b. If a chemical substance CAS No. is not provided in the Federal Register, list either (i) the chemical name, (ii) the mixture name, or (iii) the trade name of the chemical substance as provided in the Federal Register.

(i) Chemical name as listed in the rule NA

(ii) Name of mixture as listed in the rule NA

(iii) Trade name as listed in the rule NA

c. If a chemical category is provided in the Federal Register, report the name of the category as listed in the rule, the chemical substance CAS No. you are reporting on which falls under the listed category, and the chemical name of the substance you are reporting on which falls under the listed category.

Name of category as listed in the rule NA

CAS No. of chemical substance [][][][][][]-[][]-[]

Name of chemical substance NA

1.02 Identify your reporting status under CAIR by circling the appropriate response(s).

CBI Manufacturer 1

☐ Importer 2

Processor (3)

X/P manufacturer reporting for customer who is a processor 4

X/P processor reporting for customer who is a processor 5

☐ Mark (X) this box if you attach a continuation sheet.

1.03 Does the substance you are reporting on have an "x/p" designation associated with it in the above-listed Federal Register Notice?

CBI

☐ Yes ☒ Go to question 1.04

☐ No ☐ Go to question 1.05

1.04 a. Do you manufacture, import, or process the listed substance and distribute it under a trade name(s) different than that listed in the Federal Register Notice? Circle the appropriate response.

CBI

☐ Yes 1

☐ No ②

b. Check the appropriate box below:

☐ You have chosen to notify your customers of their reporting obligations

Provide the trade name(s)

☐ You have chosen to report for your customers

☐ You have submitted the trade name(s) to EPA one day after the effective date of the rule in the Federal Register Notice under which you are reporting.

1.05 If you buy a trade name product and are reporting because you were notified of your reporting requirements by your trade name supplier, provide that trade name.

CBI

☐ Trade name Stafoam P540T

☐ Is the trade name product a mixture? Circle the appropriate response.

① Yes KEC ①

No 2

1.06 Certification -- The person who is responsible for the completion of this form must sign the certification statement below:

CBI

☐ "I hereby certify that, to the best of my knowledge and belief, all information entered on this form is complete and accurate."

Eugene E. Yore
NAME


SIGNATURE

7/7/89
DATE SIGNED

Vice President & General Manager (206) 356 - 3201
TITLE TELEPHONE NO.

☐ Mark (X) this box if you attach a continuation sheet.

- 1.07 Exemptions From Reporting -- If you have provided EPA or another Federal agency with the required information on a CAIR Reporting Form for the listed substance within the past 3 years, and this information is current, accurate, and complete for the time period specified in the rule, then sign the certification below. You CBI ☐ are required to complete section 1 of this CAIR form and provide any information now required but not previously submitted. Provide a copy of any previous submissions along with your Section 1 submission.

"I hereby certify that, to the best of my knowledge and belief, all required information which I have not included in this CAIR Reporting Form has been submitted to EPA within the past 3 years and is current, accurate, and complete for the time period specified in the rule."

NA	_____	_____	_____
	NAME	SIGNATURE	DATE SIGNED
_____	()	-	
TITLE		TELEPHONE NO.	DATE OF PREVIOUS SUBMISSION

- 1.08 CBI Certification -- If you have asserted any CBI claims in this report you must certify that the following statements truthfully and accurately apply to all of those confidentiality claims which you have asserted.

CBI

- ☐ "My company has taken measures to protect the confidentiality of the information, and it will continue to take these measures; the information is not, and has not been, reasonably ascertainable by other persons (other than government bodies) by using legitimate means (other than discovery based on a showing of special need in a judicial or quasi-judicial proceeding) without my company's consent; the information is not publicly available elsewhere; and disclosure of the information would cause substantial harm to my company's competitive position."

NA	_____	_____	_____
	NAME	SIGNATURE	DATE SIGNED
_____	()	-	
TITLE		TELEPHONE NO.	

☐ Mark (X) this box if you attach a continuation sheet.

1.09 Facility Identification

1.10 Company Headquarters Identification

☐ Mark (X) this box if you attach a continuation sheet.

CBI Name [H][O][N][E]Y[W]E[L]L[][I]N[C][][][][][][][][][][][][][][][][]

Street

City

State

Zip

Technical Contact

CBI Name [T] [O] [N] [Y] [] [F] [A] [C] [K] [L] [E] [M] [A] [N] [N] [] [] [] [] [] [] [] []

[] Title [S][A][F][E][T][Y][]&[]E[N][V][I][R][O[N][]H[E][A][L][T][H][]E[N]

Street

City

State

Zip

Telephone Number[2] [0] [6] - [3] [5] [6] - [3] [6] [6] [8]

Mo.

Year

Mo.

Year

☐ Mark (X) this box if you attach a continuation sheet.

$$J_1 = 1 \quad J_2 = 1$$
[illegible]

1.15 Facility Sold -- If you sold this facility during the reporting year, provide the following information about the buyer:

[illegible]

☐ Mark (X) this box if you attach a continuation sheet.

For each classification listed below, state the quantity of the listed substance that was manufactured, imported, or processed at your facility during the reporting year.

CBI

<u>Classification</u>	<u>Quantity (kg/yr)</u>
<input type="checkbox"/> Manufactured	0
Imported	0
Processed (include quantity repackaged)	700
Of that quantity manufactured or imported, report that quantity:	
In storage at the beginning of the reporting year	NA
For on-site use or processing	NA
For direct commercial distribution (including export)	NA
In storage at the end of the reporting year	NA
Of that quantity processed, report that quantity:	
In storage at the beginning of the reporting year	200
Processed as a reactant (chemical producer)	0
Processed as a formulation component (mixture producer)	0
Processed as an article component (article producer)	700
Repackaged (including export)	0
In storage at the end of the reporting year	200

☐ Mark (X) this box if you attach a continuation sheet.

PART C IDENTIFICATION OF MIXTURES

- 1.17 Mixture -- If the listed substance on which you are required to report is a mixture or a component of a mixture, provide the following information for each component chemical. (If the mixture composition is variable, report an average percentage of each component chemical for all formulations.)

CBI

☐

Component Name	Supplier Name	Average % Composition by Weight (specify precision, e.g., 45% ± 0.5%)
Toluene Diisocyanate	Expanded Rubber & Plastics Corp.	< 70
Polyether Polyols	" " "	> 10
Chlorinated Phosphates	" " "	< 30
Benzoyl Chlorine	" " "	< 0.1
		Total 100%

☐ Mark (X) this box if you attach a continuation sheet.

2.04 State the quantity of the listed substance that your facility manufactured, imported, or processed during the 3 corporate fiscal years preceding the reporting year in descending order.

CBI

☐ Year ending 1 2 8 7
Mo. Year

Quantity manufactured 0 kg

Quantity imported 0 kg

Quantity processed 550 kg

Year ending 1 2 8 6
Mo. Year

Quantity manufactured 0 kg

Quantity imported 0 kg

Quantity processed 550 kg

Year ending 1 2 8 5
Mo. Year

Quantity manufactured 0 kg

Quantity imported 0 kg

Quantity processed 550 kg

2.05 Specify the manner in which you manufactured the listed substance. Circle all appropriate process types.

CBI

☐ Continuous process NA 1

Semicontinuous process NA 2

Batch process NA 3

☐ Mark (X) this box if you attach a continuation sheet.

2.06 Specify the manner in which you processed the listed substance. Circle all appropriate process types.

- ☐ Continuous process 1
- ☐ Semicontinuous process 2
- ☒ Batch process 3

2.07 State your facility's name-plate capacity for manufacturing or processing the listed substance. (If you are a batch manufacturer or batch processor, do not answer this question.)

- ☐ Manufacturing capacity NA kg/yr
- ☐ Processing capacity NA kg/yr

2.08 If you intend to increase or decrease the quantity of the listed substance manufactured, imported, or processed at any time after your current corporate fiscal year, estimate the increase or decrease based upon the reporting year's production volume.

	Manufacturing Quantity (kg)	Importing Quantity (kg)	Processing Quantity (kg)
Amount of increase	NA	NA	NA
Amount of decrease	NA	NA	200

☐ Mark (X) this box if you attach a continuation sheet.

- 2.09 For the three largest volume manufacturing or processing process types involving the listed substance, specify the number of days you manufactured or processed the listed substance during the reporting year. Also specify the average number of hours per day each process type was operated. (If only one or two operations are involved, list those.)

CBI

☐

	<u>Days/Year</u>	<u>Average Hours/Day</u>
Process Type #1 (The process type involving the largest quantity of the listed substance.)		
Manufactured	<u>NA</u>	<u>NA</u>
Processed	<u>250</u>	<u>1</u>
Process Type #2 (The process type involving the 2nd largest quantity of the listed substance.)		
Manufactured	<u>NA</u>	<u>NA</u>
Processed	<u>NA</u>	<u>NA</u>
Process Type #3 (The process type involving the 3rd largest quantity of the listed substance.)		
Manufactured	<u>NA</u>	<u>NA</u>
Processed	<u>NA</u>	<u>NA</u>

- 2.10 State the maximum daily inventory and average monthly inventory of the listed substance that was stored on-site during the reporting year in the form of a bulk chemical.

CBI

☐

Maximum daily inventory	<u>NA</u>	kg
Average monthly inventory	<u>NA</u>	kg

☐ Mark (X) this box if you attach a continuation sheet.

- 2.11 Related Product Types -- List any byproducts, coproducts, or impurities present with the listed substance in concentrations greater than 0.1 percent as it is manufactured, imported, or processed. The source of byproducts, coproducts, or impurities means the source from which the byproducts, coproducts, or impurities are made or introduced into the product (e.g., carryover from raw material, reaction product, etc.).

CBI

☐

<u>CAS No.</u>	<u>Chemical Name</u>	<u>Byproduct, Coproduct or Impurity¹</u>	<u>Concentration (%) (specify \pm % precision)</u>	<u>Source of Byproducts, Coproducts, or Impurities</u>
NA				

¹Use the following codes to designate byproduct, coproduct, or impurity:

B = Byproduct
C = Coproduct
I = Impurity

☐ Mark (X) this box if you attach a continuation sheet.

- 2.12 Existing Product Types -- List all existing product types which you manufactured, imported, or processed using the listed substance during the reporting year. List the quantity of listed substance you use for each product type as a percentage of the total volume of listed substance used during the reporting year. Also list the quantity of listed substance used captively on-site as a percentage of the value listed under column b., and the types of end-users for each product type. (Refer to ☐ the instructions for further explanation and an example.)

a. Product Types ¹	b. % of Quantity Manufactured, Imported, or Processed	c. % of Quantity Used Captively On-Site	d. Type of End-Users ²
C	100	100	H

¹Use the following codes to designate product types:

A = Solvent	L = Moldable/Castable/Rubber and additives
B = Synthetic reactant	M = Plasticizer
C = Catalyst/Initiator/Accelerator/ Sensitizer	N = Dye/Pigment/Colorant/Ink and additives
D = Inhibitor/Stabilizer/Scavenger/ Antioxidant	O = Photographic/Reprographic chemical and additives
E = Analytical reagent	P = Electrodeposition/Plating chemicals
F = Chelator/Coagulant/Sequestrant	Q = Fuel and fuel additives
G = Cleanser/Detergent/Degreaser	R = Explosive chemicals and additives
H = Lubricant/Friction modifier/Antiwear agent	S = Fragrance/Flavor chemicals
I = Surfactant/Emulsifier	T = Pollution control chemicals
J = Flame retardant	U = Functional fluids and additives
K = Coating/Binder/Adhesive and additives	V = Metal alloy and additives
	W = Rheological modifier
	X = Other (specify) _____

²Use the following codes to designate the type of end-users:

I = Industrial	CS = Consumer
CM = Commercial	H = Other (specify) <u>Dept. of Defense</u>

☐ Mark (X) this box if you attach a continuation sheet.

- 2.13 Expected Product Types -- Identify all product types which you expect to manufacture, import, or process using the listed substance at any time after your current corporate fiscal year. For each use, specify the quantity you expect to manufacture, import, or process for each use as a percentage of the total volume of listed substance used during the reporting year. Also list the quantity of listed substance used captively on-site as a percentage of the value listed under column b., and the types of end-users for each product type. (Refer to the instructions for further explanation and an example.)

CBI

☐

a.	b.	c.	d.
Product Types ¹	% of Quantity Manufactured, Imported, or Processed	% of Quantity Used Captively On-Site	Type of End-Users ²
C	100	100	H

¹Use the following codes to designate product types:

A = Solvent	L = Moldable/Castable/Rubber and additives
B = Synthetic reactant	M = Plasticizer
C = Catalyst/Initiator/Accelerator/ Sensitizer	N = Dye/Pigment/Colorant/Ink and additives
D = Inhibitor/Stabilizer/Scavenger/ Antioxidant	O = Photographic/Reprographic chemical and additives
E = Analytical reagent	P = Electrodeposition/Plating chemicals
F = Chelator/Coagulant/Sequestrant	Q = Fuel and fuel additives
G = Cleanser/Detergent/Degreaser	R = Explosive chemicals and additives
H = Lubricant/Friction modifier/Antiwear agent	S = Fragrance/Flavor chemicals
I = Surfactant/Emulsifier	T = Pollution control chemicals
J = Flame retardant	U = Functional fluids and additives
K = Coating/Binder/Adhesive and additives	V = Metal alloy and additives
	W = Rheological modifier
	X = Other (specify) _____

²Use the following codes to designate the type of end-users:

I = Industrial	CS = Consumer
CM = Commercial	H = Other (specify) <u>Dept. of Defense</u>

☐ Mark (X) this box if you attach a continuation sheet.

2.14 Final Product -- Complete the following table for each type of final product manufactured, imported, or processed at your facility that contains the listed substance other than as an impurity.

☐

a.	b.	c.	d.
Product Type ¹	Final Product's Physical Form ²	Average % Composition of Listed Substance in Final Product	Type of End-Users ³
Closed Cell Foam	F4	UK	H

¹Use the following codes to designate product types:

A = Solvent	L = Moldable/Castable/Rubber and additives
B = Synthetic reactant	M = Plasticizer
C = Catalyst/Initiator/Accelerator/ Sensitizer	N = Dye/Pigment/Colorant/Ink and additives
D = Inhibitor/Stabilizer/Scavenger/ Antioxidant	O = Photographic/Reprographic chemical and additives
E = Analytical reagent	P = Electrodeposition/Plating chemicals
F = Chelator/Coagulant/Sequestrant	Q = Fuel and fuel additives
G = Cleanser/Detergent/Degreaser	R = Explosive chemicals and additives
H = Lubricant/Friction modifier/Antiwear agent	S = Fragrance/Flavor chemicals
I = Surfactant/Emulsifier	T = Pollution control chemicals
J = Flame retardant	U = Functional fluids and additives
K = Coating/Binder/Adhesive and additives	V = Metal alloy and additives
	W = Rheological modifier
	X = Other (specify) _____

²Use the following codes to designate the final product's physical form:

A = Gas	F2 = Crystalline solid
B = Liquid	F3 = Granules
C = Aqueous solution	F4 = Other solid
D = Paste	G = Gel
E = Slurry	H = Other (specify) _____
F1 = Powder	

³Use the following codes to designate the type of end-users:

I = Industrial	CS = Consumer
CM = Commercial	H = Other (specify) <u>Dept. of Defense</u>

☐ Mark (X) this box if you attach a continuation sheet.

2.15 Circle all applicable modes of transportation used to deliver bulk shipments of the
CBI listed substance to off-site customers.

☐ Truck NA 1
Railcar 2
Barge, Vessel 3
Pipeline 4
Plane 5
Other (specify) _____ 6

2.16 Customer Use -- Estimate the quantity of the listed substance used by your customers
CBI or prepared by your customers during the reporting year for use under each category
of end use listed (i-iv).

☐

Category of End Use

i. Industrial Products

Chemical or mixture 0 kg/yr
Article 0 kg/yr

ii. Commercial Products

Chemical or mixture 0 kg/yr
Article 0 kg/yr

iii. Consumer Products

Chemical or mixture 0 kg/yr
Article 0 kg/yr

iv. Other

Distribution (excluding export) 0 kg/yr
Export 0 kg/yr
Quantity of substance consumed as reactant 700 kg/yr
Unknown customer uses 0 kg/yr

☐ Mark (X) this box if you attach a continuation sheet.

SECTION 3 PROCESSOR RAW MATERIAL IDENTIFICATION

PART A GENERAL DATA

- 3.01 Specify the quantity purchased and the average price paid for the listed substance for each major source of supply listed. Product trades are treated as purchases.
CBI The average price is the market value of the product that was traded for the listed substance.

☐

<u>Source of Supply</u>	<u>Quantity (kg)</u>	<u>Average Price (\$/kg)</u>
The listed substance was manufactured on-site.	0	NA
The listed substance was transferred from a different company site.	0	NA
The listed substance was purchased directly from a manufacturer or importer.	0	NA
The listed substance was purchased from a distributor or repackager.	0	NA
The listed substance was purchased from a mixture producer.	700	11

- 3.02 Circle all applicable modes of transportation used to deliver the listed substance to your facility.

CBI

☐

- Truck ①
- Railcar 2
- Barge, Vessel 3
- Pipeline 4
- Plane 5
- Other (specify) _____ 6

☐ Mark (X) this box if you attach a continuation sheet.

3.03 a. Circle all applicable containers used to transport the listed substance to your facility.
CBI

☐

Bags 1
Boxes 2
Free standing tank cylinders 3
Tank rail cars 4
Hopper cars 5
Tank trucks 6
Hopper trucks 7
Drums 8
Pipeline 9
Other (specify) _____ 10

b. If the listed substance is transported in pressurized tank cylinders, tank rail cars, or tank trucks, state the pressure of the tanks.

Tank cylinders NA mmHg
Tank rail cars mmHg
Tank trucks mmHg

☐ Mark (X) this box if you attach a continuation sheet.

3.04 If you obtain the listed substance in the form of a mixture, list the trade name(s) of the mixture, the name of its supplier(s) or manufacturer(s), an estimate of the average percent composition by weight of the listed substance in the mixture, and the amount of mixture processed during the reporting year.

[]

<u>Trade Name</u>	<u>Supplier or Manufacturer</u>	<u>Average % Composition by Weight (specify \pm % precision)</u>	<u>Amount Processed (kg/yr)</u>
<u>Stafoam P540T</u>	<u>Expanded Rubber & Plastics Corp.</u>	<u>60 \pm 10%</u>	<u>1000</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

☐ Mark (X) this box if you attach a continuation sheet.

PART C RAW MATERIAL VOLUME

3.05 State the quantity of the listed substance used as a raw material during the
CBI reporting year in the form of a class I chemical, class II chemical, or polymer, and
the percent composition, by weight, of the listed substance.

☐

	Quantity Used (kg/yr)	% Composition by Weight of Listed Sub- stance in Raw Material (specify \pm % precision)
Class I chemical	NA	
Class II chemical	NA	
Polymer	NA	

☐ Mark (X) this box if you attach a continuation sheet.

SECTION 4 PHYSICAL/CHEMICAL PROPERTIES

General Instructions:

If you are reporting on a mixture as defined in the glossary, reply to questions in Section 4 that are inappropriate to mixtures by stating "NA -- mixture."

For questions 4.06-4.15, if you possess any hazard warning statement, label, MSDS, or other notice that addresses the information requested, you may submit a copy or reasonable facsimile in lieu of answering those questions which it addresses.

PART A PHYSICAL/CHEMICAL DATA SUMMARY

- 4.01 Specify the percent purity for the three major¹ technical grade(s) of the listed substance as it is manufactured, imported, or processed. Measure the purity of the substance in the final product form for manufacturing activities, at the time you import the substance, or at the point you begin to process the substance.

☐ CBI

	<u>Manufacture</u>	<u>Import</u>	<u>Process</u>
Technical grade #1	NA - <u>mixture</u> % purity	_____ % purity	_____ % purity
Technical grade #2	_____ % purity	_____ % purity	_____ % purity
Technical grade #3	_____ % purity	_____ % purity	_____ % purity

¹Major = Greatest quantity of listed substance manufactured, imported or processed.

- 4.02 Submit your most recently updated Material Safety Data Sheet (MSDS) for the listed substance, and for every formulation containing the listed substance. If you possess an MSDS that you developed and an MSDS developed by a different source, submit your version. Indicate whether at least one MSDS has been submitted by circling the appropriate response.

Yes (1)

No 2

Indicate whether the MSDS was developed by your company or by a different source.

Your company (1)

Another source 2

☐ Mark (X) this box if you attach a continuation sheet.

4.03 Submit a copy or reasonable facsimile of any hazard information (other than an MSDS) that is provided to your customers/users regarding the listed substance or any formulation containing the listed substance. Indicate whether this information has been submitted by circling the appropriate response.

Yes 1

No (2)

4.04 For each activity that uses the listed substance, circle all the applicable number(s) corresponding to each physical state of the listed substance during the activity listed. Physical states for importing and processing activities are determined at the time you import or begin to process the listed substance. Physical states for manufacturing, storage, disposal and transport activities are determined using the final state of the product.

CBI

[]

Activity		Physical State				
		Solid	Slurry	Liquid	Liquified Gas	Gas
Manufacture	NA	1	2	3	4	5
Import	NA	1	2	3	4	5
Process		1	2	(3)	4	5
Store		1	2	(3)	4	5
Dispose		(1)	2	(3)	4	5
Transport		(1)	2	(3)	4	5

[] Mark (X) this box if you attach a continuation sheet.

4.05 Particle Size -- If the listed substance exists in particulate form during any of the following activities, indicate for each applicable physical state the size and the percentage distribution of the listed substance by activity. Do not include particles ≥ 10 microns in diameter. Measure the physical state and particle sizes for importing and processing activities at the time you import or begin to process the listed substance. Measure the physical state and particle sizes for manufacturing storage, disposal and transport activities using the final state of the product.

CBI

☐

<u>Physical State</u>		<u>Manufacture</u>	<u>Import</u>	<u>Process</u>	<u>Store</u>	<u>Dispose</u>	<u>Transport</u>
Dust	<1 micron	NA	NA	NA	NA	NA	NA
	1 to <5 microns	"	"	"	"	"	"
	5 to <10 microns	"	"	"	"	"	"
Powder	<1 micron	"	"	"	"	"	"
	1 to <5 microns	"	"	"	"	"	"
	5 to <10 microns	"	"	"	"	"	"
Fiber	<1 micron	"	"	"	"	"	"
	1 to <5 microns	"	"	"	"	"	"
	5 to <10 microns	"	"	"	"	"	"
Aerosol	<1 micron	"	"	"	"	"	"
	1 to <5 microns	"	"	"	"	"	"
	5 to <10 microns	"	"	"	"	"	"

☐ Mark (X) this box if you attach a continuation sheet.

SECTION 5 ENVIRONMENTAL FATE

PART A RATE CONSTANTS AND TRANSFORMATION PRODUCTS

5.01 Indicate the rate constants for the following transformation processes.

a. Photolysis:

Absorption spectrum coefficient (peak) UK (1/M cm) at UK nm

Reaction quantum yield, ϕ UK at UK nm

Direct photolysis rate constant, k_p , at ... UK 1/hr UK latitude

b. Oxidation constants at 25°C:

For 1O_2 (singlet oxygen), k_{ox} UK 1/M hr

For RO_2 (peroxy radical), k_{ox} UK 1/M hr

c. Five-day biochemical oxygen demand, BOD_5 ... UK mg/l

d. Biotransformation rate constant:

For bacterial transformation in water, k_b ... UK 1/hr

Specify culture UK

e. Hydrolysis rate constants:

For base-promoted process, k_B UK 1/M hr

For acid-promoted process, k_A UK 1/M hr

For neutral process, k_N UK 1/hr

f. Chemical reduction rate (specify conditions) UK

g. Other (such as spontaneous degradation) ... UK

☐ Mark (X) this box if you attach a continuation sheet.

PART B PARTITION COEFFICIENTS

5.02 a. Specify the half-life of the listed substance in the following media.

<u>Media</u>	<u>Half-life (specify units)</u>
Groundwater	UK _____
Atmosphere	UK _____
Surface water	UK _____
Soil	UK _____

b. Identify the listed substance's known transformation products that have a half-life greater than 24 hours.

<u>CAS No.</u>	<u>Name</u>	<u>Half-life (specify units)</u>	<u>Media</u>
UK _____	_____	_____	in _____
_____	_____	_____	in _____
_____	_____	_____	in _____
_____	_____	_____	in _____

5.03 Specify the octanol-water partition coefficient, K_{ow} ... UK _____ at 25°C
 Method of calculation or determination _____

5.04 Specify the soil-water partition coefficient, K_d UK _____ at 25°C
 Soil type _____

5.05 Specify the organic carbon-water partition coefficient, K_{oc} UK _____ at 25°C

5.06 Specify the Henry's Law Constant, H UK _____ atm-m³/mole

☐ Mark (X) this box if you attach a continuation sheet.

5.07 List the bioconcentration factor (BCF) of the listed substance, the species for which it was determined, and the type of test used in deriving the BCF.

<u>Bioconcentration Factor</u>	<u>Species</u>	<u>Test</u> ¹
UK		
UK		
UK		

¹Use the following codes to designate the type of test:

F = Flowthrough
S = Static

☐ Mark (X) this box if you attach a continuation sheet.

6.04 For each market listed below, state the quantity sold and the total sales value of the listed substance sold or transferred in bulk during the reporting year.

☐

<u>Market</u>	<u>Quantity Sold or Transferred (kg/yr)</u>	<u>Total Sales Value (\$/yr)</u>
Retail sales	NA	
Distribution -- Wholesalers	"	
Distribution -- Retailers	"	
Intra-company transfer	"	
Repackagers	"	
Mixture producers	"	
Article producers	"	
Other chemical manufacturers or processors	"	
Exporters	"	
Other (specify)	"	
	"	

6.05 Substitutes -- List all known commercially feasible substitutes that you know exist for the listed substance and state the cost of each substitute. A commercially feasible substitute is one which is economically and technologically feasible to use in your current operation, and which results in a final product with comparable performance in its end uses.

CBI

☐

<u>Substitute</u>	<u>Cost (\$/kg)</u>
None	

☐ Mark (X) this box if you attach a continuation sheet.

SECTION 7 MANUFACTURING AND PROCESSING INFORMATION

General Instructions:

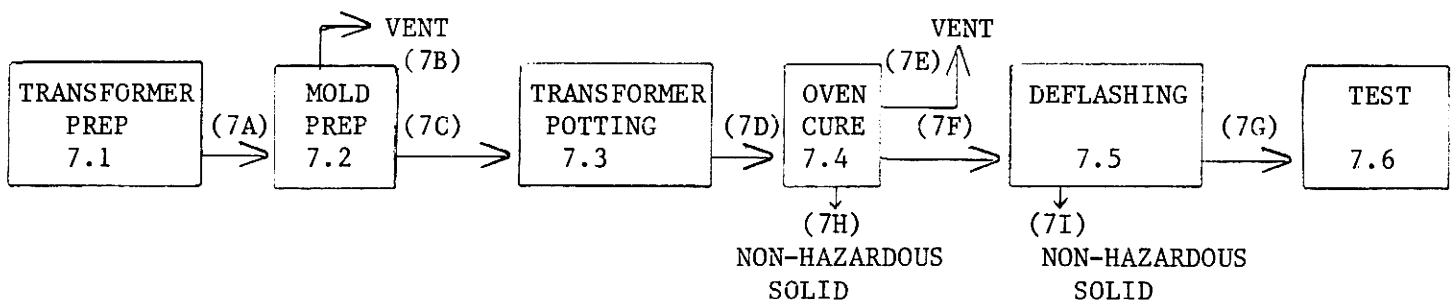
For questions 7.04-7.06, provide a separate response for each process block flow diagram provided in questions 7.01, 7.02, and 7.03. Identify the process type from which the information is extracted.

PART A MANUFACTURING AND PROCESSING PROCESS TYPE DESCRIPTION

7.01 In accordance with the instructions, provide a process block flow diagram showing the major (greatest volume) process type involving the listed substance.

CBI

☐ Process type MK46 Foam Potting Operation

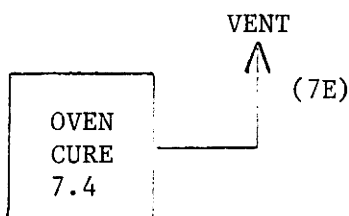


☐ Mark (X) this box if you attach a continuation sheet.

7.03 In accordance with the instructions, provide a process block flow diagram showing all process emission streams and emission points that contain the listed substance and which, if combined, would total at least 90 percent of all facility emissions if not treated before emission into the environment. If all such emissions are released from one process type, provide a process block flow diagram using the instructions for question 7.01. If all such emissions are released from more than one process type, provide a process block flow diagram showing each process type as a separate block.

CBI

☐ Process type MK46 Foam Potting Operation



☐ Mark (X) this box if you attach a continuation sheet.

7.04 Describe the typical equipment types for each unit operation identified in your process block flow diagram(s). If a process block flow diagram is provided for more than one process type, photocopy this question and complete it separately for each process type.

CBI

☐ Process type MK46 Foam Potting Operation

<u>Unit Operation ID Number</u>	<u>Typical Equipment Type</u>	<u>Operating Temperature Range (°C)</u>	<u>Operating Pressure Range (mm Hg)</u>	<u>Vessel Composition</u>
<u>7.4</u>	<u>Curing Oven</u>	<u>80-90</u>	<u>760</u>	<u>Steel</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

☐ Mark (X) this box if you attach a continuation sheet.

7.05 Describe each process stream identified in your process block flow diagram(s). If a process block flow diagram is provided for more than one process type, photocopy this question and complete it separately for each process type.

CBI

☐ Process type MK46 Foam Potting Operation

Process Stream ID Code	Process Stream Description	Physical State ¹	Stream Flow (kg/yr)
7E	Oven Vent	GU	<10

¹Use the following codes to designate the physical state for each process stream:

GC = Gas (condensable at ambient temperature and pressure)
 GU = Gas (uncondensable at ambient temperature and pressure)
 SO = Solid
 SY = Sludge or slurry
 AL = Aqueous liquid
 OL = Organic liquid
 IL = Immiscible liquid (specify phases, e.g., 90% water, 10% toluene)

☐ Mark (X) this box if you attach a continuation sheet.

7.06 Characterize each process stream identified in your process block flow diagram(s).
If a process block flow diagram is provided for more than one process type, photocopy
this question and complete it separately for each process type. (Refer to the
CBI instructions for further explanation and an example.)

☐ Process type MK46 Foam Potting Operation

a.	b.	c.	d.	e.
Process Stream ID Code	Known Compounds ¹	Concen- trations ^{2,3} (% or ppm)	Other Expected Compounds	Estimated Concentrations (% or ppm)
7B	Air	>99%(E)(V)		
	Isopropyl alcohol	0.1%(E)(V)		
	Mineral Spirits	0.1%(E)(V)		
7E	Air	>99%(E)(V)		
	Toluene diisocyanate	1ppm(E)(V)		
	Trichlorotrifluoromethane	0.1%(E)(V)		

7.06 continued below

☐ Mark (X) this box if you attach a continuation sheet.

7.06 (continued)

¹For each additive package introduced into a process stream, specify the compounds that are present in each additive package, and the concentration of each component. Assign an additive package number to each additive package and list this number in column b. (Refer to the instructions for further explanation and an example. Refer to the glossary for the definition of additive package.)

Additive Package Number	Components of Additive Package	Concentrations (% or ppm)
<u>1</u>	<u>NA</u>	<u>NA</u>
<u>2</u>		
<u>3</u>		
<u>4</u>		
<u>5</u>		

²Use the following codes to designate how the concentration was determined:

A = Analytical result

E = Engineering judgement/calculation

³Use the following codes to designate how the concentration was measured:

V = Volume

W = Weight

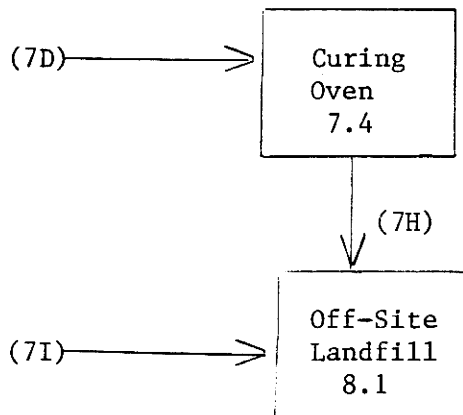
☐ Mark (X) this box if you attach a continuation sheet.

PART A RESIDUAL TREATMENT PROCESS DESCRIPTION

8.01 In accordance with the instructions, provide a residual treatment block flow diagram which describes the treatment process used for residuals identified in question 7.01.

CBI

☐ Process type MK46 Foam Potting Operation



☐ Mark (X) this box if you attach a continuation sheet.

PART B RESIDUAL GENERATION AND CHARACTERIZATION

8.05 Characterize each process stream identified in your residual treatment block flow diagram(s). If a residual treatment block flow diagram is provided for more than one process type, photocopy this question and complete it separately for each process type. (Refer to the instructions for further explanation and an example.)

☐ Process type MK46 Foam Potting Operation

a.	b.	c.	d.	e.	f.	g.
Stream ID Code	Type of Hazardous Waste ¹	Physical State of Residual ²	Known Compounds ³	Concentrations (% or ppm) ^{4,5,6}	Other Expected Compounds	Estimated Concentrations (% or ppm)
7D	T	OL	Toluene diisocyanate	< 35%(E) (V)		
			trichloro-fluoromethane	<10%(E) (V)		
7H	Non-haz	SO	UK			
7I	Non-haz	SO	UK			

8.05 continued below

☐ Mark (X) this box if you attach a continuation sheet.

8.05 (continued)

¹Use the following codes to designate the type of hazardous waste:

I = Ignitable
C = Corrosive
R = Reactive
E = EP toxic
T = Toxic
H = Acutely hazardous

²Use the following codes to designate the physical state of the residual:

GC = Gas (condensable at ambient temperature and pressure)
GU = Gas (uncondensable at ambient temperature and pressure)
SO = Solid
SY = Sludge or slurry
AL = Aqueous liquid
OL = Organic liquid
IL = Immiscible liquid (specify phases, e.g., 90% water, 10% toluene)

8.05 continued below

☐ Mark (X) this box if you attach a continuation sheet.

8.05 (continued)

³For each additive package introduced into a process stream, specify the compounds that are present in each additive package, and the concentration of each component. Assign an additive package number to each additive package and list this number in column d. (Refer to the instructions for further explanation and an example. Refer to the glossary for the definition of additive package.)

Additive Package Number	Components of Additive Package	Concentrations (% or ppm)
<u>1</u>	<u>NA</u>	<u>NA</u>
<u>2</u>		
<u>3</u>		
<u>4</u>		
<u>5</u>		

⁴Use the following codes to designate how the concentration was determined:

A = Analytical result

E = Engineering judgement/calculation

8.05 continued below

☐ Mark (X) this box if you attach a continuation sheet.

8.05 (continued)

⁵Use the following codes to designate how the concentration was measured:

V = Volume

W = Weight

⁶Specify the analytical test methods used and their detection limits in the table below. Assign a code to each test method used and list those codes in column e.

<u>Code</u>	<u>Method</u>	<u>Detection Limit</u> <u>(± ug/l)</u>
<u>1</u>	<u>NA</u>	<u>NA</u>
<u>2</u>	<u></u>	<u></u>
<u>3</u>	<u></u>	<u></u>
<u>4</u>	<u></u>	<u></u>
<u>5</u>	<u></u>	<u></u>
<u>6</u>	<u></u>	<u></u>

☐ Mark (X) this box if you attach a continuation sheet.

8.06 Characterize each process stream identified in your residual treatment block flow diagram(s). If a residual treatment block flow diagram is provided for more than one process type, photocopy this question and complete it separately for each process type. (Refer to the instructions for further explanation and an example.)

CBI

☐ Process type MK46 Foam Potting Operation

a.	b.	c.	d.	e.	f.	g.
Stream ID Code	Waste Description Code ¹	Management Method Code ²	Residual Quantities (kg/yr)	Management of Residual (%) On-Site Off-Site	Costs for Off-Site Management (per kg)	Changes in Management Methods
<u>7D</u>	<u>B69</u>	<u>1D</u>	<u><10</u>	<u> </u> <u>100</u>	<u>NA</u>	<u>None</u>
<u>7H</u>	<u>B82</u>	<u>1D</u>	<u><200</u>	<u> </u> <u>100</u>	<u>0.03</u>	<u>None</u>
<u>7I</u>	<u>B82</u>	<u>1D</u>	<u><10</u>	<u> </u> <u>100</u>	<u>0.03</u>	<u>None</u>

¹Use the codes provided in Exhibit 8-1 to designate the waste descriptions

²Use the codes provided in Exhibit 8-2 to designate the management methods

☐ Mark (X) this box if you attach a continuation sheet.

8.22 Describe the combustion chamber design parameters for each of the three largest (by capacity) incinerators that are used on-site to burn the residuals identified in your process block or residual treatment block flow diagram(s).

☐

Incinerator	Combustion Chamber Temperature (°C)		Location of Temperature Monitor		Residence Time In Combustion Chamber (seconds)	
	Primary	Secondary	Primary	Secondary	Primary	Secondary
1	NA	NA	NA	NA	NA	NA
2						
3						

Indicate if Office of Solid Waste survey has been submitted in lieu of response by circling the appropriate response.

Yes 1

No 2

8.23 Complete the following table for the three largest (by capacity) incinerators that are used on-site to burn the residuals identified in your process block or residual treatment block flow diagram(s).

☐

Incinerator	Air Pollution Control Device ¹	Types of Emissions Data Available
1	NA	NA
2		
3		

Indicate if Office of Solid Waste survey has been submitted in lieu of response by circling the appropriate response.

Yes 1

No 2

¹Use the following codes to designate the air pollution control device:

S = Scrubber (include type of scrubber in parenthesis)

E = Electrostatic precipitator

O = Other (specify) _____

☐ Mark (X) this box if you attach a continuation sheet.

PART A EMPLOYMENT AND POTENTIAL EXPOSURE PROFILE

9.01 Mark (X) the appropriate column to indicate whether your company maintains records on the following data elements for hourly and salaried workers. Specify for each data element the year in which you began maintaining records and the number of years the records for that data element are maintained. (Refer to the instructions for further explanation and an example.)

☐ CBI

Data Element	Data are Maintained for:		Year in Which Data Collection Began	Number of Years Records Are Maintained
	Hourly Workers	Salaried Workers		
Date of hire	<u>X</u>	<u>X</u>	<u>1951</u>	<u>PERM</u>
Age at hire	<u>X</u>	<u>X</u>	<u>1951</u>	<u>PERM</u>
Work history of individual before employment at your facility	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
Sex	<u>X</u>	<u>X</u>	<u>1951</u>	<u>PERM</u>
Race	<u>X</u>	<u>X</u>	<u>1951</u>	<u>PERM</u>
Job titles	<u>X</u>	<u>X</u>	<u>1951</u>	<u>PERM</u>
Start date for each job title	<u>X</u>	<u>X</u>	<u>1951</u>	<u>PERM</u>
End date for each job title	<u>X</u>	<u>X</u>	<u>1951</u>	<u>PERM</u>
Work area industrial hygiene monitoring data	<u>X</u>	<u>X</u>	<u>1979</u>	<u>PERM</u>
Personal employee monitoring data	<u>X</u>	<u>X</u>	<u>1979</u>	<u>PERM</u>
Employee medical history	<u>X</u>	<u>X</u>	<u>Prior to 1969</u>	<u>PERM</u>
Employee smoking history	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
Accident history	<u>X</u>	<u>X</u>	<u>Prior to 1965</u>	<u>PERM</u>
Retirement date	<u>X</u>	<u>X</u>	<u>1951</u>	<u>PERM</u>
Termination date	<u>X</u>	<u>X</u>	<u>1951</u>	<u>PERM</u>
Vital status of retirees	<u>X</u>	<u>X</u>	<u>1951</u>	<u>PERM</u>
Cause of death data	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>

☐ Mark (X) this box if you attach a continuation sheet.

9.02 In accordance with the instructions, complete the following table for each activity in which you engage.

CBI

☐

a.	b.	c.	d.	e.
<u>Activity</u>	<u>Process Category</u>	<u>Yearly Quantity (kg)</u>	<u>Total Workers</u>	<u>Total Worker-Hours</u>
Manufacture of the listed substance	Enclosed	NA	NA	NA
	Controlled Release	NA	NA	NA
	Open	NA	NA	NA
On-site use as reactant	Enclosed	NA	NA	NA
	Controlled Release	NA	NA	NA
	Open	NA	NA	NA
On-site use as nonreactant	Enclosed	NA	NA	NA
	Controlled Release	NA	NA	NA
	Open	NA	NA	NA
On-site preparation of products	Enclosed	NA	NA	NA
	Controlled Release	700	4	250
	Open	NA	NA	NA

☐ Mark (X) this box if you attach a continuation sheet.

9.03 Provide a descriptive job title for each labor category at your facility that encompasses workers who may potentially come in contact with or be exposed to the listed substance.

CBI

☐

Labor Category

Descriptive Job Title

A

Department Lead

B

Assembly Technician

C

D

E

F

G

H

I

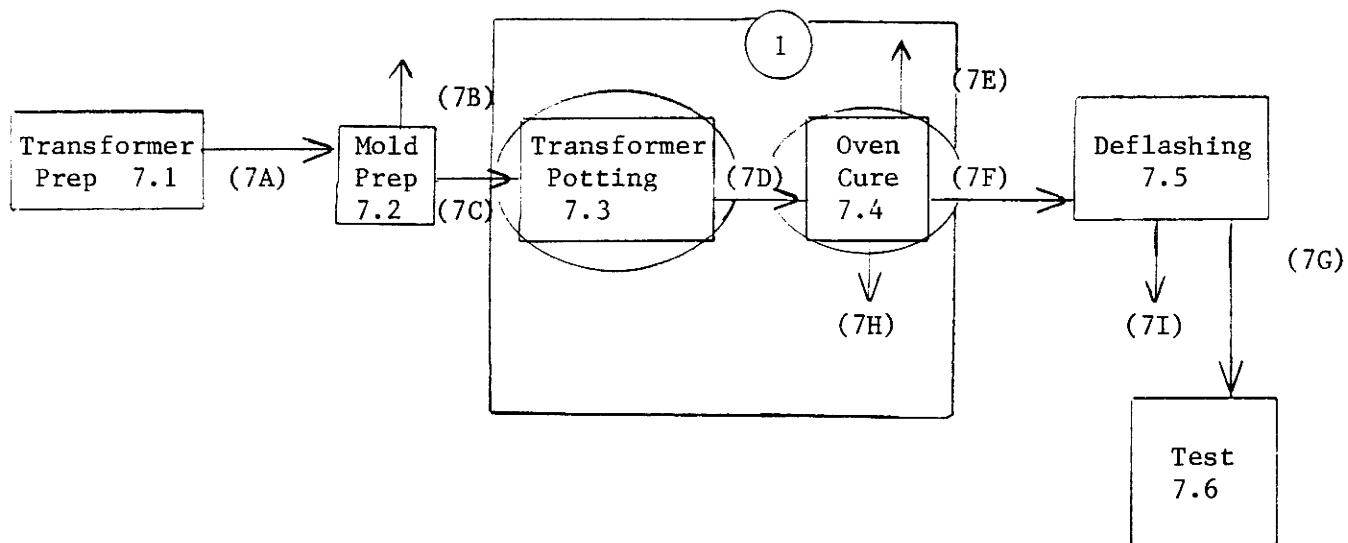
J

☐ Mark (X) this box if you attach a continuation sheet.

9.04 In accordance with the instructions, provide your process block flow diagram(s) and indicate associated work areas.

CBI

☐ Process type MK46 Foam Potting Operation



☐ Mark (X) this box if you attach a continuation sheet.

9.05 Describe the various work area(s) shown in question 9.04 that encompass workers who may potentially come in contact with or be exposed to the listed substance. Add any additional areas not shown in the process block flow diagram in question 7.01 or 7.02. Photocopy this question and complete it separately for each process type.

CBI

☐ Process type MK46 Foam Potting Operation

Work Area ID

Description of Work Areas and Worker Activities

1	Foam Potting Room (Workers inject molds with a polyurethane foam and then oven cure them)
2	
3	
4	
5	
6	
7	
8	
9	
10	

☐ Mark (X) this box if you attach a continuation sheet.

9.06 Complete the following table for each work area identified in question 9.05, and for each labor category at your facility that encompasses workers who may potentially come in contact with or be exposed to the listed substance. Photocopy this question and complete it separately for each process type and work area.

☐ Process type MK46 Foam Potting Operation

Work area Foam Potting Room

Labor Category	Number of Workers Exposed	Mode of Exposure (e.g., direct skin contact)	Physical State of Listed Substance ¹	Average Length of Exposure Per Day ²	Number of Days per Year Exposed
<u>A</u>	<u>1</u>	<u>Inhalation</u>	<u>OL</u>	<u>B</u>	<u>5</u>
<u>B</u>	<u>3</u>	<u>Inhalation</u>	<u>OL</u>	<u>B</u>	<u>250</u>

¹Use the following codes to designate the physical state of the listed substance at the point of exposure:

GC = Gas (condensable at ambient temperature and pressure)
 GU = Gas (uncondensable at ambient temperature and pressure; includes fumes, vapors, etc.)
 SO = Solid

SY = Sludge or slurry
 AL = Aqueous liquid
 OL = Organic liquid
 IL = Immiscible liquid (specify phases, e.g., 90% water, 10% toluene)

²Use the following codes to designate average length of exposure per day:

A = 15 minutes or less
 B = Greater than 15 minutes, but not exceeding 1 hour
 C = Greater than one hour, but not exceeding 2 hours

D = Greater than 2 hours, but not exceeding 4 hours
 E = Greater than 4 hours, but not exceeding 8 hours
 F = Greater than 8 hours

☐ Mark (X) this box if you attach a continuation sheet.

9.07 For each labor category represented in question 9.06, indicate the 8-hour Time Weighted Average (TWA) exposure levels and the 15-minute peak exposure levels. Photocopy this question and complete it separately for each process type and work area.

CBI

☐ Process type MK46 Foam Potting Operation

Work area Foam Potting Room

<u>Labor Category</u>	<u>8-hour TWA Exposure Level (ppm, mg/m³, other-specify)</u>	<u>15-Minute Peak Exposure Level (ppm, mg/m³, other-specify)</u>
<u>A</u>	<u>0.001ppm</u>	<u>0.01ppm</u>
<u>B</u>	<u>0.001ppm</u>	<u>0.01ppm</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

☐ Mark (X) this box if you attach a continuation sheet.

PART B WORK PLACE MONITORING PROGRAM

9.08 If you monitor worker exposure to the listed substance, complete the following table.

CBI

☐

<u>Sample/Test</u>	<u>Work Area ID</u>	<u>Testing Frequency (per year)</u>	<u>Number of Samples (per test)</u>	<u>Who Samples¹</u>	<u>Analyzed In-House (Y/N)</u>	<u>Number of Years Records Maintained</u>
Personal breathing zone	1	4	2	A	N	PERM
General work area (air)	1	1	1	A	N	PERM
Wipe samples	NA	NA	NA	NA	NA	NA
Adhesive patches	NA	NA	NA	NA	NA	NA
Blood samples	NA	NA	NA	NA	NA	NA
Urine samples	NA	NA	NA	NA	NA	NA
Respiratory samples	NA	NA	NA	NA	NA	NA
Allergy tests	NA	NA	NA	NA	NA	NA
Other (specify)						
NA	NA	NA	NA	NA	NA	NA
Other (specify)						
Other (specify)						

¹Use the following codes to designate who takes the monitoring samples:

A = Plant industrial hygienist

B = Insurance carrier

C = OSHA consultant

D = Other (specify) _____

☐ Mark (X) this box if you attach a continuation sheet.

9.09 For each sample type identified in question 9.08, describe the type of sampling and analytical methodology used for each type of sample.

<input type="checkbox"/> Sample Type	Sampling and Analytical Methodology
Personal breathing zone	Treated filter cassette sampling with HPLC analysis
General work area (air)	Same as above

9.10 If you conduct personal and/or ambient air monitoring for the listed substance, specify the following information for each equipment type used.

<input type="checkbox"/> Equipment Type ¹	Detection Limit ²	Manufacturer	Averaging Time (hr)	Model Number
D	A	SKC	1	224-PCXR7

¹Use the following codes to designate personal air monitoring equipment types:

- A = Passive dosimeter
- B = Detector tube
- C = Charcoal filtration tube with pump
- D = Other (specify) Filter cassette with pump

Use the following codes to designate ambient air monitoring equipment types:

- E = Stationary monitors located within work area
- F = Stationary monitors located within facility
- G = Stationary monitors located at plant boundary
- H = Mobile monitoring equipment (specify) _____
- I = Other (specify) _____

²Use the following codes to designate detection limit units:

- A = ppm
- B = Fibers/cubic centimeter (f/cc)
- C = Micrograms/cubic meter (μ/m^3)

☐ Mark (X) this box if you attach a continuation sheet.

9.11 If you conduct routine medical tests for monitoring the health effects of exposure to the listed substance, specify the type and frequency of the tests.

CBI

☐

Test Description

Frequency
(weekly, monthly, yearly, etc.)

Pulmonary Function

Yearly

☐ Mark (X) this box if you attach a continuation sheet.

PART C ENGINEERING CONTROLS

9.12 Describe the engineering controls that you use to reduce or eliminate worker exposure to the listed substance. Photocopy this question and complete it separately for each process type and work area.

CBI

[] Process type MK46 Foam Potting Operations

Work area Foam Potting Room

<u>Engineering Controls</u>	<u>Used (Y/N)</u>	<u>Year Installed</u>	<u>Upgraded (Y/N)</u>	<u>Year Upgraded</u>
Ventilation:				
Local exhaust	<u>Y</u>	<u>85</u>	<u>Y</u>	<u>89</u>
General dilution	<u>N</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
Other (specify) <u>NA</u>	<u></u>	<u></u>	<u></u>	<u></u>
Vessel emission controls	<u>NA</u>	<u></u>	<u></u>	<u></u>
Mechanical loading or packaging equipment	<u>NA</u>	<u></u>	<u></u>	<u></u>
Other (specify) <u>NA</u>	<u></u>	<u></u>	<u></u>	<u></u>

[] Mark (X) this box if you attach a continuation sheet.

9.13 Describe all equipment or process modifications you have made within the 3 years prior to the reporting year that have resulted in a reduction of worker exposure to the listed substance. For each equipment or process modification described, state the percentage reduction in exposure that resulted. Photocopy this question and complete it separately for each process type and work area.

CBI

☐ Process type MK46 Foam Potting Operation

Work area Foam Potting Room

Equipment or Process Modification	Reduction in Worker Exposure Per Year (%)
Increased potting machine and curing oven ventilation	75% (Vapor conc.)

☐ Mark (X) this box if you attach a continuation sheet.

PART D PERSONAL PROTECTIVE AND SAFETY EQUIPMENT

9.14 Describe the personal protective and safety equipment that your workers wear or use in each work area in order to reduce or eliminate their exposure to the listed substance. Photocopy this question and complete it separately for each process type and work area.

CBI

☐ Process type MK46 Foam Potting Operation

Work area Foam Potting Room

<u>Equipment Types</u>	<u>Wear or Use (Y/N)</u>
Respirators	<u>Y</u>
Safety goggles/glasses	<u>Y</u>
Face shields	<u>N</u>
Coveralls	<u>N</u>
Bib aprons	<u>N</u>
Chemical-resistant gloves	<u>Y</u>
Other (specify)	
<u>NA</u>	<u></u>
<u></u>	<u></u>

☐ Mark (X) this box if you attach a continuation sheet.

- 9.15 If workers use respirators when working with the listed substance, specify for each process type, the work areas where the respirators are used, the type of respirators used, the average usage, whether or not the respirators were fit tested, and the type and frequency of the fit tests. Photocopy this question and complete it separately for each process type.

CBI

☐ Process type MK46 Foam Potting Operation

<u>Work Area</u>	<u>Respirator Type</u>	<u>Average Usage¹</u>	<u>Fit Tested (Y/N)</u>	<u>Type of Fit Test²</u>	<u>Frequency of Fit Tests (per year)</u>
<u>1</u>	<u>Supplied air cont. flow</u>	<u>A</u>	<u>N</u>	<u>NA</u>	<u>NA</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

¹Use the following codes to designate average usage:

A = Daily

B = Weekly

C = Monthly

D = Once a year

E = Other (specify) _____

²Use the following codes to designate the type of fit test:

QL = Qualitative

QT = Quantitative

☐ Mark (X) this box if you attach a continuation sheet.

PART E WORK PRACTICES

- 9.19 Describe all of the work practices and administrative controls used to reduce or eliminate worker exposure to the listed substance (e.g., restrict entrance only to authorized workers, mark areas with warning signs, insure worker detection and monitoring practices, provide worker training programs, etc.). Photocopy this CBI question and complete it separately for each process type and work area.

☐

Process type MK46 Foam Potting Operation

Work area Foam Potting Room

- | | |
|--------------------------|---------------------|
| 1. Respirator protection | 5. Training program |
| <hr/> | |
| 2. Local exhaust | |
| <hr/> | |
| 3. Limited access | |
| <hr/> | |
| 4. Warning Lights | |
| <hr/> | |

- 9.20 Indicate (X) how often you perform each housekeeping task used to clean up routine leaks or spills of the listed substance. Photocopy this question and complete it separately for each process type and work area.

Process type MK46 Foam Potting Operation

Work area Foam Potting Room

<u>Housekeeping Tasks</u>	<u>Less Than Once Per Day</u>	<u>1-2 Times Per Day</u>	<u>3-4 Times Per Day</u>	<u>More Than 4 Times Per Day</u>
Sweeping	<hr/>	<u>X</u>	<hr/>	<hr/>
Vacuuming	<u>X</u>	<hr/>	<hr/>	<hr/>
Water flushing of floors	<u>X</u>	<hr/>	<hr/>	<hr/>
Other (specify)				
<u>Change work surface coverings</u>	<hr/>	<u>X</u>	<hr/>	<hr/>

☐ Mark (X) this box if you attach a continuation sheet.

9.21 Do you have a written medical action plan for responding to routine or emergency exposure to the listed substance?

Routine exposure NA

Yes 1

No 2

Emergency exposure NA

Yes 1

No 2

If yes, where are copies of the plan maintained?

Routine exposure: _____

Emergency exposure: _____

9.22 Do you have a written leak and spill cleanup plan that addresses the listed substance? Circle the appropriate response.

Yes 1

No (2)

If yes, where are copies of the plan maintained? _____

Has this plan been coordinated with state or local government response organizations? Circle the appropriate response.

Yes 1

No 2

9.23 Who is responsible for monitoring worker safety at your facility? Circle the appropriate response.

Plant safety specialist (1)

Insurance carrier 2

OSHA consultant 3

Other (specify) _____ 4

[] Mark (X) this box if you attach a continuation sheet.

SECTION 10 ENVIRONMENTAL RELEASE

General Instructions:

Complete Part E (questions 10.23-10.35) for each non-routine release involving the listed substance that occurred during the reporting year. Report on all releases that are equal to or greater than the listed substance's reportable quantity value, RQ, unless the release is federally permitted as defined in 42 U.S.C. 9601, or is specifically excluded under the definition of release as defined in 40 CFR 302.3(22). Reportable quantities are codified in 40 CFR Part 302. If the listed substance is not a hazardous substance under the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 (CERCLA) and, thus, does not have an RQ, then report releases that exceed 2,270 kg. If such a substance however, is designated as a CERCLA hazardous substance, then report those releases that are equal to or greater than the RQ. The facility may have answered these questions or similar questions under the Agency's Accidental Release Information Program and may already have this information readily available. Assign a number to each release and use this number throughout this part to identify the release. Releases over more than a 24-hour period are not single releases, i.e., the release of a chemical substance equal to or greater than an RQ must be reported as a separate release for each 24-hour period the release exceeds the RQ.

For questions 10.25-10.35, answer the questions for each release identified in question 10.23. Photocopy these questions and complete them separately for each release.

PART A GENERAL INFORMATION

10.01 Where is your facility located? Circle all appropriate responses.

CBI

- ☐ Industrial area 1
- Urban area 2
- Residential area 3
- Agricultural area 4
- Rural area 5
- Adjacent to a park or a recreational area 6
- Within 1 mile of a navigable waterway 7
- Within 1 mile of a school, university, hospital, or nursing home facility 8
- Within 1 mile of a non-navigable waterway 9
- Other (specify) _____ 10

☐ Mark (X) this box if you attach a continuation sheet.

10.02 Specify the exact location of your facility (from central point where process unit is located) in terms of latitude and longitude or Universal Transverse Mercader (UTM) coordinates.

Latitude 45 ° 53 ' 35 "

Longitude 122 ° 19 ' 35 "

UTM coordinates Zone NA , Northing NA , Easting NA

10.03 If you monitor meteorological conditions in the vicinity of your facility, provide the following information.

Average annual precipitation NA inches/year

Predominant wind direction NA

10.04 Indicate the depth to groundwater below your facility.

Depth to groundwater NA meters

10.05 For each on-site activity listed, indicate (Y/N/NA) all routine releases of the listed substance to the environment. (Refer to the instructions for a definition of CBI Y, N, and NA.)

On-Site Activity	Environmental Release		
	Air	Water	Land
Manufacturing	NA	NA	NA
Importing	NA	NA	NA
Processing	Y	N	N
Otherwise used	NA	NA	NA
Product or residual storage	N	N	N
Disposal	N	N	N
Transport	N	N	N

☐ Mark (X) this box if you attach a continuation sheet.

10.06 Provide the following information for the listed substance and specify the level of precision for each item. (Refer to the instructions for further explanation and an example.)

CBI

☐

Quantity discharged to the air	<u>10</u>	kg/yr ± <u>100</u> %
Quantity discharged in wastewaters	<u>NA</u>	kg/yr ± <u> </u> %
Quantity managed as other waste in on-site treatment, storage, or disposal units	<u>NA</u>	kg/yr ± <u> </u> %
Quantity managed as other waste in off-site treatment, storage, or disposal units	<u>300</u>	kg/yr ± <u>20</u> %

☐ Mark (X) this box if you attach a continuation sheet.

PART B RELEASE TO AIR

- 10.09 Point Source Emissions -- Identify each emission point source containing the listed substance in terms of a Stream ID Code as identified in your process block or residual treatment block flow diagram(s), and provide a description of each point source. Do not include raw material and product storage vents, or fugitive emission sources (e.g., equipment leaks). Photocopy this question and complete it separately for each process type.

CBI

☐

Process type MK46 Foam Potting Operation

Point Source
ID Code

Description of Emission Point Source

7E

Curing Oven Vent

NA

☐ Mark (X) this box if you attach a continuation sheet.

☐ Mark (X) this box if you attach a continuation sheet.

10.10 Emission Characteristics - - Characterize the emissions for each Point Source ID Code identified in question 10.09 by completing the following table.

CBI

<input type="checkbox"/> Point Source ID Code	Physical State ¹	Average Emissions (kg/day)	Frequency ² (days/yr)	Duration ³ (min/day)	Average Emission Factor ⁴	Maximum Emission Rate (kg/min)	Maximum Emission Rate Frequency (events/yr)	Maximum Emission Rate Duration (min/event)
7E	G	< 0.1	250	120	0.01	< 0.01	250	30
NA								

¹Use the following codes to designate physical state at the point of release:

G = Gas; V = Vapor; P = Particulate; A = Aerosol; O = Other (specify) _____

²Frequency of emission at any level of emission

³Duration of emission at any level of emission

⁴Average Emission Factor — Provide estimated (\pm 25 percent) emission factor (kg of emission per kg of production of listed substance)

10.11 Stack Parameters -- Identify the stack parameters for each Point Source ID Code identified in question 10.09 by completing the following table.

CBI

☐

Point Source ID Code	Stack Height(m)	Stack Inner Diameter (at outlet) (m)	Exhaust Temperature (°C)	Emission Exit Velocity (m/sec)	Building Height(m) ¹	Building Width(m) ²	Vent Type ³
7E	10	0.6	25	UK	20	50	H
NA							

¹Height of attached or adjacent building

²Width of attached or adjacent building

³Use the following codes to designate vent type:

H = Horizontal

V = Vertical

☐ Mark (X) this box if you attach a continuation sheet.

10.12 If the listed substance is emitted in particulate form, indicate the particle size distribution for each Point Source ID Code identified in question 10.09. Photocopy this question and complete it separately for each emission point source.

CBI

☐

Point source ID code NA

Size Range (microns)

Mass Fraction (% ± % precision)

< 1	<u>NA</u>
≥ 1 to < 10	<u>NA</u>
≥ 10 to < 30	<u>NA</u>
≥ 30 to < 50	<u>NA</u>
≥ 50 to < 100	<u>NA</u>
≥ 100 to < 500	<u>NA</u>
≥ 500	<u>NA</u>

Total = 100%

☐ Mark (X) this box if you attach a continuation sheet.

PART C FUGITIVE EMISSIONS

- 10.13 Equipment Leaks -- Complete the following table by providing the number of equipment types listed which are exposed to the listed substance and which are in service according to the specified weight percent of the listed substance passing through the component. Do this for each process type identified in your process block or residual treatment block flow diagram(s). Do not include equipment types that are not exposed to the listed substance. If this is a batch or intermittently operated process, give an overall percentage of time per year that the process type is exposed to the listed substance. Photocopy this question and complete it separately for each process type.

CBI

☐ Process type MK46 Foam Potting Operation

Percentage of time per year that the listed substance is exposed to this process type 25 %

Equipment Type	Number of Components in Service by Weight Percent of Listed Substance in Process Stream					Greater than 99%
	Less than 5%	5-10%	11-25%	26-75%	76-99%	
Pump seals ¹						
Packed	NA	NA	NA	NA	NA	NA
Mechanical	NA	NA	NA	NA	NA	NA
Double mechanical ²	NA	NA	NA	NA	NA	NA
Compressor seals ¹	NA	NA	NA	NA	NA	NA
Flanges	NA	NA	NA	NA	NA	NA
Valves						
Gas ³	NA	NA	NA	NA	NA	NA
Liquid	NA	NA	NA	NA	NA	NA
Pressure relief devices ⁴ (Gas or vapor only)	NA	NA	NA	NA	NA	NA
Sample connections						
Gas	NA	NA	NA	NA	NA	NA
Liquid	NA	NA	NA	NA	NA	NA
Open-ended lines ⁵ (e.g., purge, vent)						
Gas	NA	NA	NA	NA	NA	NA
Liquid	NA	NA	NA	NA	NA	NA

¹List the number of pump and compressor seals, rather than the number of pumps or compressors

10.13 continued on next page

☐ Mark (X) this box if you attach a continuation sheet.

10.13 (continued)

²If double mechanical seals are operated with the barrier (B) fluid at a pressure greater than the pump stuffing box pressure and/or equipped with a sensor (S) that will detect failure of the seal system, the barrier fluid system, or both, indicate with a "B" and/or an "S", respectively

³Conditions existing in the valve during normal operation

⁴Report all pressure relief devices in service, including those equipped with control devices

⁵Lines closed during normal operation that would be used during maintenance operations

10.14 Pressure Relief Devices with Controls -- Complete the following table for those pressure relief devices identified in 10.13 to indicate which pressure relief devices in service are controlled. If a pressure relief device is not controlled, enter "None" under column c.

CBI
[]

a. Number of Pressure Relief Devices	b. Percent Chemical in Vessel ¹	c. Control Device	d. Estimated Control Efficiency ²
1	< 70	Valve	98

¹Refer to the table in question 10.13 and record the percent range given under the heading entitled "Number of Components in Service by Weight Percent of Listed Substance" (e.g., <5%, 5-10%, 11-25%, etc.)

²The EPA assigns a control efficiency of 100 percent for equipment leaks controlled with rupture discs under normal operating conditions. The EPA assigns a control efficiency of 98 percent for emissions routed to a flare under normal operating conditions

[] Mark (X) this box if you attach a continuation sheet.

- 10.15 Equipment Leak Detection -- If a formal leak detection and repair program is in place, complete the following table regarding those leak detection and repair procedures. Photocopy this question and complete it separately for each process type.

CBI

☐ Process type MK46 Foam Potting Operation

<u>Equipment Type</u>	<u>Leak Detection Concentration (ppm or mg/m³) Measured at Inches from Source</u>	<u>Detection Device¹</u>	<u>Frequency of Leak Detection (per year)</u>	<u>Repairs Initiated (days after detection)</u>	<u>Repairs Completed (days after initiated)</u>
Pump seals					
Packed	<u>NA</u>	<u>NONE</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
Mechanical	<u>NA</u>	<u>NONE</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
Double mechanical	<u>NA</u>	<u>NONE</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
Compressor seals	<u>NA</u>	<u>NONE</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
Flanges	<u>NA</u>	<u>NONE</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
Valves					
Gas	<u>NA</u>	<u>NONE</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
Liquid	<u>NA</u>	<u>NONE</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
Pressure relief devices (gas or vapor only)	<u>NA</u>	<u>NONE</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
Sample connections					
Gas	<u>NA</u>	<u>NONE</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
Liquid	<u>NA</u>	<u>NONE</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
Open-ended lines					
Gas	<u>NA</u>	<u>NONE</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
Liquid	<u>NA</u>	<u>NONE</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>

¹Use the following codes to designate detection device:

POVA = Portable organic vapor analyzer

FPM = Fixed point monitoring

0 = Other (specify) _____

☐ Mark (X) this box if you attach a continuation sheet.

☐ Mark (X) this box if you attach a continuation sheet.

- 10.16 Raw Material, Intermediate and Product Storage Emissions - - Complete the following table by providing the information on each liquid raw material, intermediate, and product storage vessel containing the listed substance as identified in your process block or residual treatment block flow diagram(s).

CBI

☐

Vessel Type ¹	Floating Roof Seals ²	Composition of Stored ³ Materials ³	Throughput (liters per year)	Vessel Filling Rate (gpm)	Vessel Filling Duration (min)	Vessel Inner Diameter (m)	Vessel Height (m)	Operat- ing Vessel Volume (l)	Vessel Emission Controls ⁴	Design Flow ⁵ Rate	Vent Diameter (cm)	Control Efficiency (%)	Basis for Estimate ⁶
P (45 psi)	NA	<70 (<70)	600	batch	NA	0.23	0.55	23	NA	NA	NA	NA	NA

¹Use the following codes to designate vessel type:

F = Fixed roof
 CIF = Contact internal floating roof
 NCIF = Noncontact internal floating roof
 EFR = External floating roof
 P = Pressure vessel (indicate pressure rating)
 H = Horizontal
 U = Underground

²Use the following codes to designate floating roof seals:

MS1 = Mechanical shoe, primary
 MS2 = Shoe-mounted secondary
 MS2R = Rim-mounted, secondary
 LM1 = Liquid-mounted resilient filled seal, primary
 LM2 = Rim-mounted shield
 LMW = Weather shield
 VM1 = Vapor mounted resilient filled seal, primary
 VM2 = Rim-mounted secondary
 VMW = Weather shield

³Indicate weight percent of the listed substance. Include the total volatile organic content in parenthesis

⁴Other than floating roofs

⁵Gas/vapor flow rate the emission control device was designed to handle (specify flow rate units)

⁶Use the following codes to designate basis for estimate of control efficiency:

C = Calculations
 S = Sampling

PART E NON-ROUTINE RELEASES

- 10.23 Indicate the date and time when the release occurred and when the release ceased or was stopped. If there were more than six releases, attach a continuation sheet and list all releases.

<u>Release</u>	<u>Date Started</u>	<u>Time (am/pm)</u>	<u>Date Stopped</u>	<u>Time (am/pm)</u>
<u>1</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
<u>2</u>	<u></u>	<u></u>	<u></u>	<u></u>
<u>3</u>	<u></u>	<u></u>	<u></u>	<u></u>
<u>4</u>	<u></u>	<u></u>	<u></u>	<u></u>
<u>5</u>	<u></u>	<u></u>	<u></u>	<u></u>
<u>6</u>	<u></u>	<u></u>	<u></u>	<u></u>

-
- 10.24 Specify the weather conditions at the time of each release.

<u>Release</u>	<u>Wind Speed (km/hr)</u>	<u>Wind Direction</u>	<u>Humidity (%)</u>	<u>Temperature (°C)</u>	<u>Precipitation (Y/N)</u>
<u>1</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
<u>2</u>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
<u>3</u>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
<u>4</u>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
<u>5</u>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
<u>6</u>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>

☐ Mark (X) this box if you attach a continuation sheet.

APPENDIX II: Substantiation Form and Instructions
to Accompany Claims of Confidentiality Under the
Comprehensive Assessment Information Rule (CAIR)

If you assert one or more claims of confidentiality for information submitted on a Comprehensive Assessment Information Rule (CAIR) form, please answer, pursuant to 40 CFR 740.219, all the following questions in the space provided. Type all responses. If you need more space to answer a particular question, please use additional sheets. If you use additional sheets, be sure to include the section, number, and (if applicable) subpart of the question being answered, and write your facility's name and Dun & Bradstreet Number in the lower right-hand corner of each sheet. A completed copy of this form must accompany all submissions containing one or more claims of confidentiality. Failure to do so will result in the waiver of your claim of confidentiality.

EPA has identified six information categories as those which encompass all claims of confidentiality. These are: Submitter identity (h); Substance identity (i); Volume manufactured, imported, or processed (j); Use information (k); Process information (l); and Other information (m). Respondents who assert a CBI claim on the reporting form must mark the letter(s) (h through m) that represent(s) the appropriate category(ies) of confidentiality in the box adjacent to the question, and answer the questions in this form.

Respondents who assert a CBI claim for information submitted under CAIR must also provide EPA with sanitized and unsanitized versions of their submissions. The unsanitized version must be complete and contain all information being claimed as confidential. The sanitized copy must contain only information not claimed as confidential. EPA will place the second copy of the submission in the public file. Failure to submit the second copy of the form at the time the respondent submits the reporting form containing confidential information or after receipt of a notice from EPA thereafter will result in a waiver of the respondent's claim of confidentiality.

Please indicate the CAS Registry Number (if known) or chemical name (if the CAS Registry Number is not known) for the substance that is the subject of this form:

26471-62-5

If you are reporting on a tradename, please provide the tradename for the substance that is the subject of this form:

Stafoam P540 T

Does this form contain CBI? ☐ Yes ☒ No

If the answer to this question is yes, you must bracket the text claimed as CBI. Any unbracketed information may be placed in the public file.

☐ Mark (X) this box if you attach a continuation sheet.

SECTION 1 - MANUFACTURER INFORMATION

MANUF/DIST : EXPANDED RUBBER AND PLASTICS CORP.
14000 S.W. AVENUE
GARDENA, CA 90249
EMERGENCY PHONE.....: 213 321-4260
PREPARATION/REVISION DATE: 03/22/88
PREPARER/CONTACT: TONY FACKELMANN

LOCATIONS :
WA34 3891

TRADE NAME/SYNONYMS...: STAFDAM P 540, COMPONENT T
CHEMICAL NAME/SYNONYMS: NOT APPLICABLE
CHEMICAL FAMILY.....: NOT APPLICABLE
FORMULA.....: NOT APPLICABLE
PRODUCT CODE.....: IHS 99J

HAZARDOUS MATERIAL IDENTIFICATION SYSTEM (HMIS)

* HEALTH..... 4 *
* FLAMMABILITY.. 1 *
* REACTIVITY.... 1 *
* PROTECTION.... * *
* *****

SECTION 2 - HAZARDOUS INGREDIENTS

THIS PRODUCT CONTAINS HAZARDOUS INGREDIENTS : YES

CHEMICAL/COMMON NAME	CAS-NUMBER	%	PEL-OSHA	TLV-ACGIH
CHLORINATED PHOSPHATE	N/I	< 30	N/I	N/I
POLYETHER POLYOLS	N/I	> 10	N/I	N/I
TOLUENE DIISOCYANATE (TDI) 26471-625	584-84-9	< 70	0.005	0.005
BENZOYL CHLORINE	N/I	< 0.1	N/I	N/I

THIS PRODUCT CONTAINS CARCINOGENS (NTP, IARC, or OSHA):NO

SECTION 3 - HEALTH HAZARD DATA

HEALTH EFFECTS (Acute And Chronic)-

VAPOR INHALATION MAY CAUSE SEVERE IRRITATION OF RESPIRATORY TRACT, PROLONGED EXPOSURE MAY CAUSE PULMONARY EDEMA, CHRONIC LUNG IMPAIRMENT; LIQUID CONTACT CAUSES SERIOUS SKIN AND EYE BURN.

SYMPTOMS OF EXPOSURE: DIFFICULT, LABORED BREATHING, ASTHMA ATTACKS IN SENSITIVE PERSONS. SEVERE IRRITATION OF SKIN, EYE DAMAGE. TDI SENSITIZATION.

PRIMARY ROUTES OF ENTRY-
INHALATION, SKIN, INGESTION

MEDICAL CONDITIONS AGGRAVATED BY EXPOSURE-
RESPIRATORY, BRONCHIAL CONDITIONS, SKIN SENSITIVITY.

EMERGENCY FIRST AID PROCEDURES-

EYE CONTACT: FLUSH WITH PLENTY OF WATER FOR AT LEAST 15 MINUTES. GET MEDICAL ATTENTION.

SKIN CONTACT: WASH WITH PLENTY OF SOAP AND WATER. REMOVE CONTAMINATED CLOTHING. CONTACT A PHYSICIAN.

INHALATION: MOVE TO FRESH AIR; GIVE OXYGEN IF NECESSARY. GET MEDICAL ATTENTION.

INGESTION: GIVE PLENTY OF WATER. DO NOT INDUCE VOMITING. GET MEDICAL ATTENTION.

SECTION 4 - CHEMICAL DATA

BOILING POINT (F).....: 480 F	SPECIFIC GRAVITY (WATER=1).....: 1.2
VAPOR PRESSURE (mmHg): 0.01	PERCENT VOLATILE BY VOLUME (%): N/I
VAPOR DENSITY (AIR=1): 6.0	EVAPORATION RATE (BUTYL ACETATE =1): N/A

SOLUBILITY IN WATER-

NIL REACTS WITH WATER GENERATING CO2

APPEARANCE AND ODOR INFORMATION-

PALE YELLOW, LOW VISCOSITY LIQUID. STRONG, PUNGENT ODOR.

SECTION 5 - PHYSICAL HAZARD DATA

FLASH POINT (Method Used): 260 F (PMCC) FLAMMABLE LIMITS : Lel=0.9 UEL=9.5

EXTINGUISHING MEDIA-

WATER FOAM, CO2. DRY CHEMICAL

SPECIAL FIRE FIGHTING PROCEDURES-

FIREFIGHTERS MUST WEAR SELF-CONTAINED BREATHING APPARATUS AND TURN OUT GEAR; OXIDES OF CARBON AND NITROGEN, ISOCYANATE VAPORS, HCN HCL WILL BE GENERATED.

UNUSUAL FIRE AND EXPLOSION HAZARDS-

REACTION OF WATER OR FOAM WITH TDI VAPORS CAN BE VIGOROUS. WATER CONTAMINATED MATERIAL WILL GENERATE CO2 WHICH MAY CAUSE EXPLOSIVE RUPTURE OF CLOSED CONTAINERS. COOL DOWN CONTAINERS WITH WATER SPRAY.

INCOMPATIBILITY (Materials To Avoid)-

BASIC COMPOUNDS, CAUSTIC SODA, TERTIARY AMINES, WATER

HAZARDOUS DECOMPOSITION PRODUCTS-

ISOCYANATE VAPORS, OXIDES OF CARBON AND NITROGEN, HCN.

WILL HAZARDOUS POLYMERIZATION OCCUR-

MAY OCCUR

CONDITIONS TO AVOID FOR POLYMERIZATION-
WATER AND OTHER PRODUCTS THAT REACT WITH ISOCYANATES.

IS THE PRODUCT STABLE-
STABLE

CONDITIONS TO AVOID FOR STABILITY-
TEMPERATURES ABOVE 40 C FOR EXTENDED PERIODS OF TIME.

SECTION 6 - SPILL OR LEAK PROCEDURES

STEPS TO BE TAKEN IN CASE MATERIAL IS RELEASED OR SPILLED-
CLEAN UP CREW MUST WEAR FULL PROTECTIVE EQUIPMENT. ABSORB MATERIAL WITH SAW-
DUST OR SWEEPING COMPOUND. DECONTAMINATE WITH MIXTURE OF 90% WATER, 8% CON-
CENTRATED AMMONIA AND 2% DETERGENT. SHOVEL IT INTO OPEN TOP DRUMS AND REMOVE
TO WELL VENTILATED AREA.

WASTE DISPOSAL METHODS-
CONTACT MATERIAL CONTROL SUPERVISOR

SECTION 7 - EXPOSURE CONTROL INFORMATION

VENTILATION-
LOCAL EXHAUST: YES MECHANICAL (General): YES
SPECIAL.....: DESIGN FOR TDI VAPOR OTHER.....: NONE

RESPIRATORY PROTECTION-
SELF-CONTAINED BREATHING APPARATUS, GAS MASKS EQUIPPED WITH ORGANIC
CARTRIDGES, MASKS EQUIPPED WITH EXTERNAL AIR SOURCES.

PROTECTIVE GLOVES-
CHEMICAL RESISTANT RUBBER OR PLASTIC

OTHER PROTECTIVE EQUIPMENT-
COVERALLS, BOOTS, RUBBER APRONS, FITTED GOGGLES OR FACE SHIELDS AND SAFETY
GLASSES.

OTHER ENGINEERING CONTROLS-
AS REQUIRED

WORK PRACTICES-
AS REQUIRED

HYGIENIC PRACTICES-
DO NOT EAT, DRINK OR SMOKE IN WORKING AREAS. KEEP CLOTHING AND EQUIPMENT
CLEAN AT ALL TIMES.

SECTION 8 - SPECIAL PRECAUTIONS

PRECAUTIONS TO BE TAKEN IN HANDLING AND STORAGE-
STORE IN TIGHTLY CLOSED CONTAINERS IN DRY COOL PLACES AT TEMPERATURES
BETWEEN 70-90 F. THIS PRODUCT REACTS WITH WATER AND OTHER SUBSTANCES GENER-
ATING CO2 GAS WHICH WILL CAUSE SEALED CONTAINERS TO EXPAND AND POSSIBLY

03-22-88
CSS-14056

MATERIAL SAFETY DATA SHEET 00047
HONEYWELL INC.

PAGE 4

RUPTURE. DO NOT RESEAL CONTAINERS IF CONTAMINATION IS SUSPECTED.

MAINTENANCE PRECAUTIONS-
AS REQUIRED

OTHER PRECAUTIONS-
N/A

ADDITIONAL COMMENTS-
N/A

BELOW IS THE PROPER LABEL INFORMATION FOR IHS# 99J

HONEYWELL MSD		IHS # 99J	HMIS
TRADE NAME: STAFOAM P 540, COMPONENT T			H: 4
CHEMICAL NAME: N/A			F: 1
APPEARANCE /ODOR: PALE YELLOW LIQUID W/PUNGENT ODOR			R: 1
HAZARD CLASS: CARCINOGEN <input type="checkbox"/>		SAFETY EQUIP.	
IRRITANT <input checked="" type="checkbox"/>	CAUSTIC <input type="checkbox"/>	TOXIC <input checked="" type="checkbox"/>	GLASSES <input type="checkbox"/> GOGGLES <input checked="" type="checkbox"/>
FLAMMABLE <input type="checkbox"/>	CORROSIVE <input checked="" type="checkbox"/>	POISON <input checked="" type="checkbox"/>	GLOVES <input checked="" type="checkbox"/> APRON <input type="checkbox"/>
EXTINGUISHING MEDIA:		DRY CHEMICAL <input checked="" type="checkbox"/>	WATER <input type="checkbox"/> CO2 <input checked="" type="checkbox"/>

2195 880019'B2

LABEL COLOR

☒ RED

☐ YELLOW/ORANGE

☐ GREEN

☐ PRE-PRINTED LABELS ARE AVAILABLE AT THIS TIME

☒ PRE-PRINTED LABELS ARE NOT AVAILABLE AT THIS TIME

PLEASE FILE THIS SHEET IN YOUR INDUSTRIAL HYGIENE MANUAL WITH THE CORRESPONDING MSDS.